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# DENTAL HYGIENE

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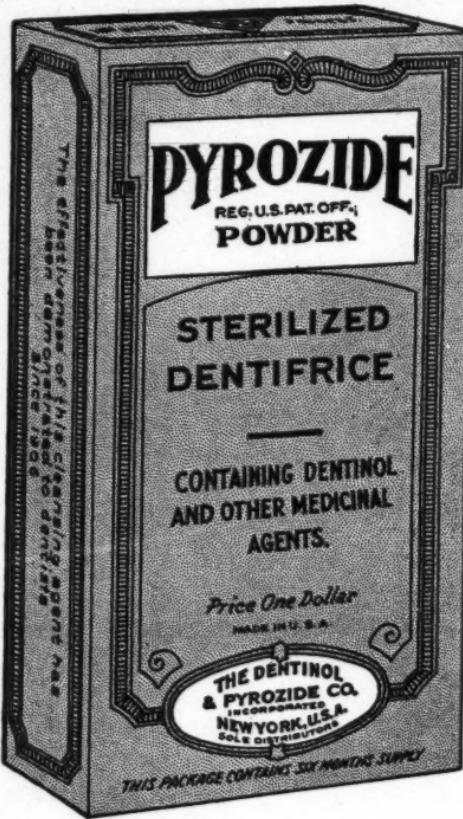
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# ORAL HYGIENE

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FEBRUARY  
1927

VOLUME 17  
NUMBER 2

## Nothing's the Matter

"WHAT'S the Matter with the American Dental Association?" is the heading of an editorial by a defeated candidate for the presidency of the A.D.A.

The election proved that there isn't anything the matter with the A.D.A.

Editors are usually bum politicians.

—R.P.M.

# SUGGESTIONS for the Writing

By JOHN BELL WILLIAMS, D.D.S.

## INTRODUCTION

The chapters which make up this series were written originally as a series of lectures for the instruction of students in the Medical College of Virginia, School of Dentistry. Students receive general instructions in composition writing before beginning the study of the dental sciences. The study of dental sciences and the practice of dentistry have created a specialized literature with forms of expression as characteristic as those of the literature of law, engineering or business.

There are no instructions of a connectional character to enable the dental student to apply his knowledge of general composition to the specialized literature of dentistry. Many practitioners who also have no literary talent should be able, with a few suggestions in the craft of writing, to make quite valuable contributions to both society meetings and national journals. It is the purpose of this to supply in form, somewhat fuller than an outline, the essential principles of good writing. It hopes to meet the need of students or practitioners who wish to acquire, in a straightforward

way, the generally accepted requisites of a well constructed paper and to make the pupil his own teacher and critic.

## CONTENTS

- I. Selection of a topic, title and sub-heads.
- II. Outline.
- III. Construction.
  - Choice of Words.
  - The Sentence.
  - The Paragraph.
  - Relation of the Paragraph to the Whole.
- IV. Style.
- V. Punctuation.
- VI. Illustration.
- VII. Bibliography.
- VIII. Revision.
- IX. Manuscript.
- X. Proof.

## CHAPTER I.

### SELECTION OF A TOPIC, TITLE AND SUB-HEADS

#### The Topic

THE first and main object of a professional paper is to impart information which will be interesting and instructive to other members of the profession. The mere writing of a paper for the purpose of "breaking into print" will inevitably bring about more harm than good. A good paper renders service to others; and, by pre-

# DENTAL PAPERS

WILLIAMS, D.D.S., Richmond, Va.

senting proof of his attainments, the writer may reasonably expect to reap the benefits which naturally come to those who possess superior knowledge and skill.

It is the purpose of a paper to make clear to others that which the writer already understands himself. If he does not understand the subject thoroughly, he cannot make his explanations clear to others. If the ideas in the writer's mind are in a confused state he will transmit to his readers ideas equally confused. Therefore, the writer should select for his subject a topic about which he has more than a passing knowledge and upon which he can obtain exhaustive information.

A dental paper must either present and substantiate entirely new facts, methods of practice, principles of actual merit, or set forth the results of judicious original research or offer such a thorough review of the facts relating to the chosen subject that the author can draw therefrom logical and valuable deductions. All journals and publishers are glad to get literary gold. The would-be author should not "hide his light un-

der a bushel" but neither should he offer "fool's gold" for publication.

## Importance of Selecting Title

It is inexcusable to bury information that may be of considerable value under a title that gives the reader not the remotest suspicion of the nature of the subject under discussion. The ambiguous title is the source of tremendous annoyance and waste of time both to the conscientious investigator and to the indexers of dental literature. As an example, how commonly we see men reporting "rare cases" without any more definite term in the title. Could a sane man expect anyone in search of special information concerning sarcoma of the superior maxilla to consult an article with such a title? Who would suspect that an article bearing the title of "Mary had a little lamb," would contain an able discussion of acute septic pericementitis? It is well to chose a title that will attract the attention and arouse the curiosity of a reader without obviously appearing to do so. Care must be taken however that it does not make a



promise it cannot fulfill, as the effect will be unsatisfactory.

The title of a paper should indicate the character of the article. It should be definite and descriptive; and, if only a limited phase of the subject is to be presented, such a limitation should be indicated. A title should be as concise as possible, in short, it should be a brief index of the material for discussion. By adopting these rules the author will be sure that his article will not be overlooked by students of the subject and that he will be in no danger of failing to obtain credit for his work.

### Value of Sub-Titles

Clear sub-titles are of inestimable value in the development of a subject. They serve in a manner as introductions to transitions of thought, preparing the reader for what is to follow, thus doubly impressing upon his mind each new phase of the discussion. They are indispensable to long articles and to articles in which more than one phase of a subject is presented. They enable the busy reader to locate the particular points in which he is most interested.\*

\*Another good point about subtitles is that they make an article look more *inviting*, make it look easier to read. In this swift age, readers have little patience with seemingly verbose authors. But some subjects are not susceptible to brief treatment. Then the sub-title is especially valuable. It makes a long article look like a group of short ones.—*Editor ORAL HYGIENE*.

## CHAPTER II.

### The Outline

THE first step in preparing a paper is the selection of a subject and a suitable title. The second is the collection of all available facts, illustrations and other material which may appropriately be used. When collecting material the writer should keep constantly in mind the type of audience for whom the paper is prepared. A paper on oral surgery to be read before general practitioners would appear elementary to a gathering of men advanced in the knowledge of oral surgery, while a paper on the same subject written for oral surgeons would mean but little to general practitioners. A paper that is written without the judicious selection of material may be utterly lost upon the minds of any audience.

It is a good plan to arrange all data in the form of an outline before attempting to write. The outline is best arranged in the form of headings suggesting the more important points of the discourse. A further subdivision of each heading is desirable. Brevity is important, therefore, details that do not bear directly upon the subject should be omitted from this framework. The ideas should be arranged in such an order that each naturally suggests the one which follows. It will be helpful if the general plan of

the outline is drawn up in the following manner:

1. **INTRODUCTION:** The introduction should show the purpose for which the paper is written and the nature of the information presented. It should give the reader an idea of what the discussion is about and the conclusions he is expected to draw. The introduction is really an elaboration of the title.

2. **HISTORICAL DATA:** This affords an opportunity to review the subject and to give due credit to previous original workers. Dental libraries are not available in all localities, but the *Dental Index* can be secured by any practitioner. After having determined from the *Dental Index* what publications are desired the writer can communicate with the nearest dental college library or his own alma mater, and obtain these articles. He should be careful to state the title of the paper, the author, the journal and the year and month of publication. If a book is desired the title, author and date should be given together with the name and address of the publishers.

3. **THE PRESENTATION OF THE BODY OF THE PAPER:** This should include careful division and subdivision of the main points of the paper arranged in logical sequence, so that by their elaboration the article becomes developed. An example of such division and subdivision may be drawn from the outline of a paper on "The Qualifications of

a Dental Student." The logical division would be:

A. Mental Qualifications.

1. Education
2. Judgment
3. Memory
4. Orderly Habits
  - (a) Physical
  - (b) Mental
5. Perception
6. Promptness
7. Attention to details.

B. Moral Qualifications.

1. Courtesy
2. Obedience
3. Economy
4. Patience
5. Tact and Self-Control
6. Unselfishness
7. Honesty

C. Professional Qualifications.

1. Obligations to the College
  - (a) Obligations to Officials
  - (b) Obligations to fellow students
2. Obligation to Profession.
3. Obligation to the Public

Another illustration of the outline may be taken from a description of "Full Denture Construction":

A. Examination and Diagnosis.

B. Impression Taking.

1. Trays
2. Materials
  - (a) Composition of each

- (b) Advantages and disadvantages
- 3. Technique
- C. Casts.
- D. Bite.
- E. Selection of Teeth.
  - 1. Shade
  - 2. Mould
  - 3. Arrangement.
- F. Trial Bite.
- G. Investing, Vulcanizing and Finishing.
- G. Insertion of Dentures, Grinding and Function.
- 4. SUMMARY AND CONCLUSIONS: Never end a paper with long drawn perorations. If the paper has been planned in advance, if something worth while has been said clearly and logically.

(To be continued in the March issue)

ally it will need no further explanation, only a brief summary and conclusion will be necessary. This should include a concise review of the work done and of the deductions which may legitimately be drawn therefrom. Bear in mind this part of the paper is frequently the first portion to be read and the impression made by the title, the sub-titles, the introduction and the summary often determine whether the reader will be sufficiently interested to read the entire article. Other journals may publish a convincing summary and conclusion in the form of an abstract when conditions do not justify a re-publication of the entire article.

## Beware, Oh Beware!

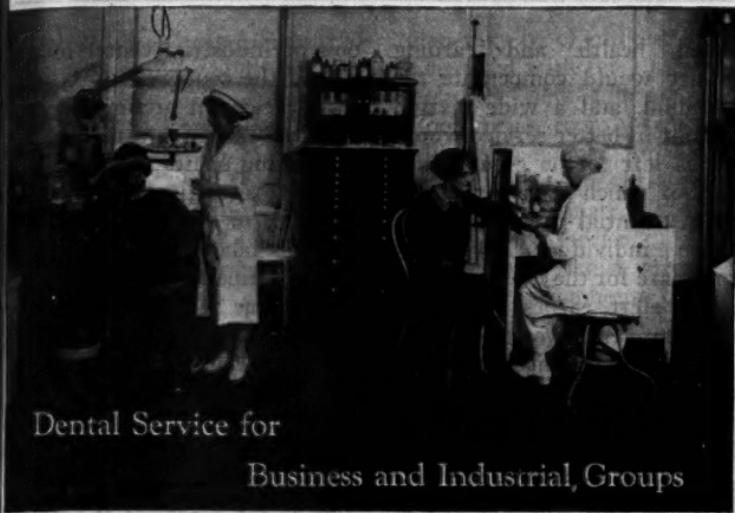
Parcel post packages, mailed under parcel post rates, must not contain letters or anything else in writing.

Mr. Roswell P. Annin, of the California Dental Supply Company, Los Angeles, suggests that ORAL HYGIENE broadcast a nation-wide warning to this effect. Violation of the law is punishable by fine or imprisonment or both.

Some dentists are in the habit of enclosing orders in parcel post packages containing laboratory models, etc. This practice should be avoided religiously. What with the traffic laws and one thing and other, let's not get arrested for a crime involving no pleasure in its perpetration. Beware, oh beware!

## Coming

"Winter and Houdini," by Frank W. Rounds, D.D.S.



## Dental Service for Business and Industrial Groups

By P. D. BROOKER, D.D.S., New York, N. Y.

If, after many years of dental practice, one should suddenly become a part of the environmental activities of the great business office and industrial institutions of any of our larger cities, the first realization that would come to him is the almost inconceivable amount of dental service that is needed among the groups of employees. Very few of them are receiving adequate dental service, and a large part of it is limited to the most urgent necessities. Mouths are consistently neglected and attention to them is deferred from day to day awaiting a favorable and convenient opportunity.

This situation is very impressive of the importance of practical industrial clinics. It is in no sense a charity problem. It is one of putting a high type of dental service within easier reach of the business and indus-

trial workers as purely a practical, business, health, and efficiency economy. A wide experience in the establishment of charitable and institutional clinics during past years has been useful in devising a practical working plan for putting into operation such a clinic as is needed.

These groups of people are the very foundation of our industrial and business life, the center of its activities, and the main spring of our industrial progress. A tax upon their vital resources from neglected dental conditions depletes the very source of our industrial strength. Based upon the economic loss now sustained through this neglect, if dental and hygienist service could be made more easily available to them, it would be profitable to the professional people engaged in it, the in-

creased health and earning capacity would compensate the individual, and a wide margin of profit in better service would still be left to the great enterprises of which these people are a most essential part.

The individuals of these groups are for the most part self-reliant, alert, earnest and ambitious representatives of the best type of young manhood and young womanhood which the country affords, with a laudable self respect and self appreciation which gives them a true sense of the value of health and efficiency. They will, therefore, be found to be responsive to any plans through which they can conveniently and economically avail themselves of dental and hygienist service.

There are some two or three million of such people who pour into lower Manhattan every morning and scatter again over a radius of thirty miles of homes every evening. Each one of this immense number is indispensable in some niche or corner to the business enterprises of the day, and lost time or lost efficiency from neglected dental conditions has its influence not only upon the individual, but upon the whole organization of which he is a part. It is, therefore, apparent that among these groups dentistry should find a most favorable opportunity for further demonstrating its usefulness and economic value. An analogy for this can be found upon a reduced scale in the busi-

ness or industrial center of any city in the country.

The element of time is probably the most important of the underlying causes of this serious dental procrastination. Time is the basis of all computations in business labor. Time lost is deplored; time wasted is inexcusable; time well spent is the greatest of competitive weapons in this the greatest of competitive games.

These people carry very seriously the responsibility of their vital and indispensable relationship to the organism of business. To be on the job and stay on the job becomes obsessional. Time lost is expensive to them and expensive to the firm which employs them. They won't find time, therefore, and the inclination in the face of a natural timidity as to dentistry, to throw off their working habits, leave the plant and make all the time-consuming preparations which they feel are necessary to meet dental appointments, until they are driven by urgent necessity. By reducing the time that is required to secure dental service, a large part of the overhead cost to both the individual and the institution may be obviated.

Another great inconvenience to many is the arrangement of credits. Payments must be allocated to be met conveniently. Many persons are deterred from seeking dental service because this can not be arranged.

Then, it must be said that

many in these groups cannot afford the service and the overhead cost of it, as it is now available to them. Thousands of them come from the high schools direct to the offices, stores, and factories with dental conditions already seriously bad. They need immediate service; they are expected to begin to sustain themselves; their incomes are meager; many of them are led to resort to a class of service not suitable to their needs.

The absorption of much of the overhead cost of good service and the carrying of credits for them by the institution will enable thousands to save their teeth, their health, and their personal appearance from ruin.

When E. R. Squibb & Sons became interested in oral hygiene some few years ago, they very quickly realized its essential value as a practical business economy, as contributing to the general health and welfare of their employees, and its very great importance for maintaining a sanitary environment.

### A Practical Working Plan

The dental problems of the thousand or more employees may be taken as an index to those that are quite general in business districts. A clinic is now in operation to bring dental and hygienist service within reach of Squibb employees, and to make their institutional personnel exemplary of the practical application of the principles of oral hygiene. The details of this

plan may be of interest to those concerned with this problem.

In the new addition to the laboratories, room was provided and well equipped for emergency medical service, first-aid service, and adequate dental and oral hygiene service.

Dental hygienist service was provided by the house free to all employees. Their acceptance of this service as provided in the plant is not made compulsory, although an examination is insisted upon. If service is required, each employee has the privilege of securing it wherever he pleases, but there is insistence that mouths be maintained in a uniformly sanitary condition. The acceptance of this hygienist service is, however, universally and gratefully received.

### Dental Service

Dental service is provided upon the following basis: a contract is made with a dentist, who is selected with due regard to his character and fitness to render a high type of service.

Dentistry for these groups at any compromise of its high ethical and professional character would be deplorable.

The contract provides for a uniform schedule of charges, estimated upon a basis of satisfactory fees to the dentist, with ten per cent of gross receipts to be retained by the clinic to cover deterioration of equipment, incidentals, etc. The cost of materials and supplies may be taken care of by the dentist or the institution as preferred. The em-

ployees' service bureau takes care of the details of engagements, bookkeeping, and accounts, and carries the responsibility of collections. The overhead is thus largely absorbed by the institution and the dental service furnished at its actual cost.

An employee desiring service secures an estimate, decides how much can be spared to pay weekly or monthly, and signs an order upon the pay department to deduct this amount from the pay check until payment is completed. The whole amount becomes immediately available to the clinic, the house carrying the credit. The amount of service and the employee's ability to pay must be taken into the fullest consideration, so that it does not work a hardship.

Heads of departments cooperate by releasing the employees promptly upon call, and there is no time lost in reporting to the clinic and returning to work. The employees' service department arranges the schedule, so as to work as little inconvenience as possible upon any one department. The dental clinic is within a few minutes' reach of all. Employees report as they are and the time loss becomes negligible, largely eliminating this greatest of all obstacles to adequate dental service. This arrangement is so satisfactory that there has hardly been a minute lost in the continuity of it, and there is always a waiting list of such length as to keep the clinic in regular operation.

If anyone has any doubts that such an arrangement would not be welcomed by the employees of almost any such institution in the country, the enthusiasm with which both dental and hygienist service is received in this particular instance would dispel them. This service does not detract from the patronage of regular practitioners of dentistry. It is work which would largely go to waste otherwise, and those attached to a regular dental clientele are prompted to report regularly for dental service.

### A Field for Young Dentists

To young men who are beginning the practice of dentistry and who are professionally ambitious, this field offers an opportunity that is unlimited for varied clinical experience. It offers immediate and ample compensation to those who otherwise find it hard to carry the overhead while a stable dental practice is being developed. Part time devoted to this service and part devoted to establishing a permanent office practice in a favorable location is an ideal arrangement. Young dentists can sell this proposition to the heads of these institutions. Moreover, it is so equitable in its every aspect that the service which can be rendered to these groups of people will be everlasting to the credit of the dentist who will be instrumental in its initiation, and will greatly broaden the practical usefulness of dentistry to these groups.



# The Least Liked and the Best Liked Dentists I've Met

By FRANK H. WILLIAMS

**O**H, the trouble I've had with my teeth! Nerves killed, ulcerations, extractions, crowns, plates—the whole works.

My troubles started when I was only about knee high to a duck. By the time I was twenty-five it looked as though I wouldn't have a tooth left in my head when I reached the age of thirty.

But about that time I learned something about proper eating, my general physical condition improved, I became sturdier, and I noticed a distinct improvement in my teeth. Now at forty-two I still have some front teeth that are as Nature made them and I haven't been hustling to a dentist every month or so as was the case for a number of years.

All this trouble with my teeth has brought me into contact with a number of dentists in different sections of the country—I've migrated hither and yon since leaving school—and some

of these dentists have made a great hit with me, while others have made me raise my hand and solemnly swear: "Never again to that fellow."

No doubt it will be interesting and perhaps, valuable to other dentists to learn about some of the dentists I've come in contact with, some I've liked, and others.

Let's get the unpleasant ones over with quickly and consider, first, the least liked dentists.

Least liked of all the lot was Dr. A. He had halitosis and nearly knocked me unconscious as he leaned over the chair. That's plenty to say about him!

Dr. B was disliked simply because he talked and acted like a relic of the past. The equipment in his office was antiquated, his instruments looked as though they'd come over on the Ark and there was a general air of antiquity about him which didn't give me any exalted ideas of his efficiency or skill. I never went back to him again.

I've talked with a number of

other folks with poor teeth about dentists and I've found that they, too, for the most part dislike to go to a dentist who does things as they used to be done in the "good old days" rather than as they are done nowadays.

To us sufferers, the "good old days" in dentistry mean usually pain and slow work, crowns that didn't fit and all that sort of thing. We detest everything that smacks of the past in the dental office.

Perhaps there are some folks who don't feel this way about it—I'm only expressing my views and those of a number of other folks with poor teeth whom I've talked with.

Dr. C. is next on the list of unliked dentists. His great, outstanding fault was the fact that he always and everlastingly did a lot of talking on the patient's time.

Dr. C. was a splendid dentist —there's no doubt about that. He was just about the best there was in the slightly populated territory where he was located. So during the time I was in the territory I went to him on several occasions. But though I appreciated his skill, it always irritated to have him stop work and spend minutes expounding the theory of the universe or settling the affairs of the nation while I sat there, raring to go.

Perhaps the one big thing to the patient in the dentist's chair is to get out of it as quickly as possible. The patient resents anything that keeps him in the

chair for more time than is absolutely necessary. When the dentist stops work to talk, the patient is often greatly annoyed. I am, at least. I was mighty glad when I moved away from that territory and to a city where the dentist I patronized was noted particularly for his speed.

Another greatly disliked dentist was Dr. D. who never let me get out of the chair without doing some intensive selling. Dr. D. was a bearcat for finding work that should be done. He'd probe and pry around and unearth cavities and discover old gold work that should be replaced and all that sort of thing and almost threaten me with mayhem unless I would promise him the work. Of course, a little of that sort of thing is all right. The patient can't tell as well as the dentist what should be done, but when the dentist gets in the high-pressure salesmanship stuff, the patient is apt to want to tell the dentist to go take a jump into a vat of carbolic or "what have you." That's just the way I felt about Dr. D. Every time I got out of his office all in one piece, I felt as though I'd accomplished something.

These are the least liked of the dentists I've come in contact with during a long and varied number of tooth troubles.

Now for some of the best-liked dentists I have come in contact with.

Dr. W., in a town of about thirty thousand, made, perhaps, the biggest hit with me. He was young; he was thoroughly up-

to-the-minute in his office equipment and in his workmanship; he was fast and, best of all, he was exact in his statements. For instance, if he said that a tooth should be extracted, he didn't mean that the nerve should be taken out and the tooth crowned—he meant that the whole tooth should be taken out. If he said that it wouldn't hurt, it didn't hurt. He was absolutely reliable all the way through. And, believe one who has suffered, that means a lot.

If any dentist ever made it a pleasure for me to slip into his chair, Dr. W. was the one, which is about as great a compliment as a patient can possibly give to a dentist.

Dr. X. was another splendid dentist. He had modern equipment, was young, and I liked him particularly because he was always consistently sympathetic and friendly.

For instance, if I told Dr. X. that I'd suffered all night with the toothache, he'd reply heartily: "Oh, Boy, I'll bet it hurt!"

Somehow, this seemed to make it hurt less, right away.

Or if I told him I'd spent so much money on my teeth that I hesitated about some new bit of work, he'd say: "I know—you've had tough luck with your teeth. But you've done the wise thing in looking after them all the time instead of letting them

go when they needed attention."

This, naturally, made me feel like going right ahead with the needed work and hang the cost.

Yes! Dr. X. was a mighty well liked dentist.

And so was Dr. Y. whom I liked particularly because he never kept me in the chair for any great length of time. Some folks may like to get all their dental work done up at one sitting, but not for me. Shorter sittings and more of 'em are my motto.

Finally, there is Dr. Z who is the dentist I'm now patronizing and who strikes me as being O. K., A. No. 1 and all that sort of thing.

I like Dr. Z for these reasons:

He is about the quickest dentist I've ever come in contact with. And yet he does his work with an efficiency that is really marvelous.

His office and waiting room are pleasant and modern in every particular.

He closes his office regularly every Wednesday afternoon to play golf with me and a couple of other fellows!

It's no wonder I like Dr. Z., is it?

And aren't there worth-while ideas and suggestions in all this which will be of real interest and value to other dentists?

Here's hoping so!

---

An exchange says that candy may be a good substitute for booze but it never makes a man want to sing "Sweet Adeline."



# Molars and Marvels

By C. R. GRISSINGER, D.D.S., Pittsburgh, Pa.

THE following is an extract from Dr. C. Edmund Kells' book "Three Score Years and Nine":

Don't imagine that just because you may have seen George Winter flip out lower third molars in the twinkling of an eye, in a dark corner of a clinic room, and while gazing at the ceiling, that you can do it too. Better have a good light and look at what you are doing. Remember that George and Houdini are in the same class—and the class is closed.

We all admire Dr. Kells' activity in dentistry, and especially have we looked upon him as one of the fathers of dental radiography. For fear that there may be some professional men who will take the above extract in his book seriously, I am prompted to make the following statement: It is to be regretted that Dr. Kells has failed to see, in his personal contact with, and his personal observation of Dr. George B. Winter's scientific work, the very basis of a positive technic in the removal of the impacted mandibular third molar.

If our profession has not yet grasped the basic principles of Dr. Winter's work, I want to call attention to the fact that

the very thing which Dr. Kells introduced to dentistry, namely, what he wishes to call the "skiagraph," and we now term the "radiograph" or "radiogram," is the basis of the technic which Dr. Winter has given to dentistry in the removal of the mandibular third molar in its various positions.

It has been through the study of the radiogram that success has attended the efforts of those who have accepted the work of Dr. Winter and have embodied it in the practice of exodontia. It has been the simple details found in the radiogram which have confused the dental profession and have made this work of Dr. Winter seem so unreal and magical. Unfortunately for dentists, they have not been willing to make diagnoses of their work preparatory to its execution; therefore, they have waved aside the very essentials which form the basic principles, or ground work, of building up an efficient technic which can be relied upon under all conditions.

I have followed Dr. Winter's work for over fifteen years, and I want to say that there are men who have been pleased to take Dr. Winter seriously, and have

welcomed eagerly each new development. Permit me also to say I personally know Dr. Winter has given over the best part of his life to developing a technic which all men in the profession can execute if they will but study the basic principles laid down by him.

There is no magical performance on the part of Dr. Winter, notwithstanding the fact that he is a skillful and quick operator. He does exactly what he has laid down in the description of his technic. If you will be pleased to follow him closely, he will prove to your mind, as he has to all of us following his work, it is possible to be in the same class, and the class is not closed.

The carefully and accurately made radiogram studied exhaustively previous to operating does

permit you to work in a small field. The gum flap does not need to be laid wide open, nor sutured to the cheek, nor held back with retractors. You do not need so much light as some think necessary; the light is in the accurate mental picture obtained from the radiograph and the clinical and digital examination of the mouth previously made before operating.

This above mentioned class will become larger as time progresses, and posterity will be wonderfully benefitted as the result of the sacrifices of time, energy and money expended by Dr. George B. Winter. Patients coming under the direction of men trained in this particular technic have been saved, and will be saved untold suffering and mutilation.

### Thanks, Dr. Charkes!

*Editor ORAL HYGIENE:*

ORAL HYGIENE is quite popular in my office. I find it very interesting. I should hate to do without it for a month. Will you kindly forward the future numbers to me at my new address, 2 Avenue O, Brooklyn, N. Y.?

Yours truly,

WILL E. CHARKES, D.D.S.

### Coming

"Nil Nisi Bonum," by Herman J. Keyser, D.D.S., B.D.; "To Whom Shall I Sell Oral Hygiene?" by John Philip Erwin, D.D.S.; "The Dental Problem in Speech Work," by John J. Levborg, M.D.; "Thomas W. Parsons, Dentist and Poet," by Max J. Herzberg; "Connecting Diseased Teeth with Diseased Kidneys," by Frank M. McLean, D.M.D.; More Old-Timers, discovered by ORAL HYGIENE; and further articles by Eddie Kells.

# Discussing Credit

By MURRILL A. HANN

**W**ITH few exceptions, the practicing dentist will be found possessing a natural professional ability as well as a tendency towards technicalities which pertain to his particular profession. So with the business man of today. If he is successful, he will be found to possess ability in definite phases of his business.

While you may meet one who possesses ability, both as a dentist and as a business man, yet he is seldom active enough in both fields as to be considered a successful man in each. The business man is not expected to have any knowledge of dentistry, but with the dentist the matter seems reversed. A dentist, to be successful as such, must have a knowledge of business principles as applied to his profession. In fact, his ability for and knowledge of the business side of his profession are primary requisites to success.

It is not difficult to understand why a dentist should handle his practice in a businesslike manner. He is considered a skilled and able technician, giving service and satisfaction and in return he justly expects a fee commensurate with the service.

The average dentist is prone to promote his scientific knowledge, also his knowledge along

practical lines and to keep abreast of new developments in his profession more so than he is to study the business end of his practice. This is usually due to the fact that his education has been scientific and technical and he has not been trained to grasp the significance or importance of seeking better business methods for his practice.

With the business man it is different. He not only expects, but sees to it that whatever services he furnishes provide him in return with life's comforts and considerable more in addition. This he does by constant study of various methods, of the procedure of others in his line and by planning his future course from records which he maintains of his past transactions. With his carefully planned future together with his ability, he will under normal conditions, likely succeed.

If the dentist would consider more carefully the ever increasing necessity of sound business principles in his profession, he would, without doubt, be successful, as his natural ability combined with a well planned future along business lines tend to make his profession one of the most remunerative.

## Investigate Patient's Credit

It used to be taken for granted by the dentist's patient that

# ed with Patients

ANN Huntington, West Virginia

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there would be a normal charge assessed for the services which he received and that time would be allowed for the payment of the amount should it be of considerable size. They expected all teeth to be put in first-class condition and if it came to more than the patient had, the dentist would have to wait for the balance. The dentist, in turn, took it for granted

that an arrangement of this nature was expected by his patient and he would receive his pay in some such manner as this.

From the business man's point of view this would appear extremely lax. With the business man payment was the essence of the entire transaction and he would have to be assured to his own satisfaction that he would receive his pay for his services. Terms or method of payment were discussed first of all and if the business man fulfilled his obligation and furnished services, he saw to it that the terms agreed upon were fulfilled.

Why, then, should the dentist hesitate to adopt this method of discussing a vital subject with his prospective patient. His patient, as well as himself, have each discussed matters of this nature before they opened accounts with a new grocer, baker, butcher or garage or elsewhere —where they had had no previous dealings and where their paying methods were

It is well within the province of the dentist to discuss credit with his patient but unless this is handled very diplomatically the results will be indifferent.

Many lay writers point out business house methods in procuring credit information, but few appreciate the fact that the dentist's contact with his patient is decidedly more personal than any contact that a customer may have with a business house.

unknown.

Outside of the dental and medical profession and where accounts are kept, these matters are always discussed first, so there should be no hesitancy on the dentist's part to go into the matter at once with prospective patients with whom he has had no previous dealings. Patients are accustomed to having this matter of terms discussed and arranged before services are received.

The successful business man probably goes into greater detail than would be necessary with the modern dentist. If he furnishes an estimate he retains in

his office files a copy together with all other information concerning his prospect which may have a bearing upon the transaction. In case the payments are not made in accordance with his records he immediately communicates with his customer and insists upon strict adherence to the terms agreed upon and upon which he based his services. His system of filing and recording these necessary facts are invaluable to him and his experience has taught him the best possible way to maintain them without complication and with the least effort. He leaves nothing at which to guess as this would result probably in failure, since his records warn him when to limit or withdraw credit and when to extend credit to his customers.

### Information Giving Records

Since a dentist's time is his most valuable asset, it would be well for him to adopt a method of keeping records so that the minimum amount of time would be used in maintaining them. He should make and keep a permanent record of his estimates and terms and services to be furnished and in event his patient returns, he is ready to "fill the order," and time is saved by having the necessary details. By saving this record for future use, your patient's paying methods are readily ascertained in event he returns at a later date for services. Less time would be needed for discussing payment

and terms, since your recorded experience would furnish this information.

Let the dentist ask for credit where he is unknown and see how quickly he is asked for references as to his responsibility. Also let him ask for additional credit where he yet owes an old balance and this fact will be immediately called to his attention. Promptly and regularly, the dentist, like anyone else, gets his bills upon the first of each month. If he should become negligent and fail to settle the account before the first of next month, the chances are that the second statement will carry a notation stating this fact. Exceptions may be taken to this and the customer may forward his check resolving to cease buying from this particular merchant, yet the fact remains that the bill or account has been paid, and that was the important part to the merchant with whom he had been dealing.

Likewise a dentist can save many dollars by spending a few minutes investigating the references furnished. A few minutes spent along these lines will not only save you hours of rendering services without pay but will also save you many dollars in costly supplies furnished along with your services and which will never be repaid.

The mere fact that you are keeping books does not signify that they are giving you all the information of which a system is capable and which can be main-

tained with the same or even less time. An explorer would not start out in search of the north pole with a compass that he did not know to be accurate, dependable and instantly available and understandable. If you are going to succeed, much therefore depends upon your records, both financial and clinical, and you should be positive that they will give you your bearings along the route. Keeping books does not necessarily mean that you are on the road to success, but by keeping a system whereby your records are quickly interpreted and your future actions regulated thereby, success will surely be yours.

### Infirmary Fees

Dear Dr. McGee:

I have read with much interest your editorial on "The Dentist in His Relation to the Public."\* I wish to commend you on the stand you have taken, and I hope that you will keep the ball rolling until the dental schools are forced to operate their infirmaries for fees that do not exceed the cost of the material used.

The dental infirmary of the University of \_\_\_\_\_ has practically equipped this infirmary by charging fees in excess of material used. I have a letter in my possession from the dean admitting this to be the case.

I am president of the State Dental Association and in my address before them next May I intend to air this whole proceeding.

If you have any facts in your possession relative to this matter, or can give me any data that I can use in this address, I would appreciate it very much.

With my kindest regards, I am,

Fraternally,  
C. E. HINES, D.D.S.

Memphis, Tenn.

\*November 1926 ORAL HYGIENE, page 2085.

### "Dentistry Around the World"

Dr. D. T. Parkinson, of Wichita, Kans., the dentist aboard S. S. *Ryndam*, the "University Afloat," has been commissioned by ORAL HYGIENE to tell the story of the unique undertaking, from a dentist's angle, and to write of dental conditions at ports touched by the great school ship. His first two articles have just arrived from Japan and will appear in early issues.



## A Dentist's Travelogue of Europe

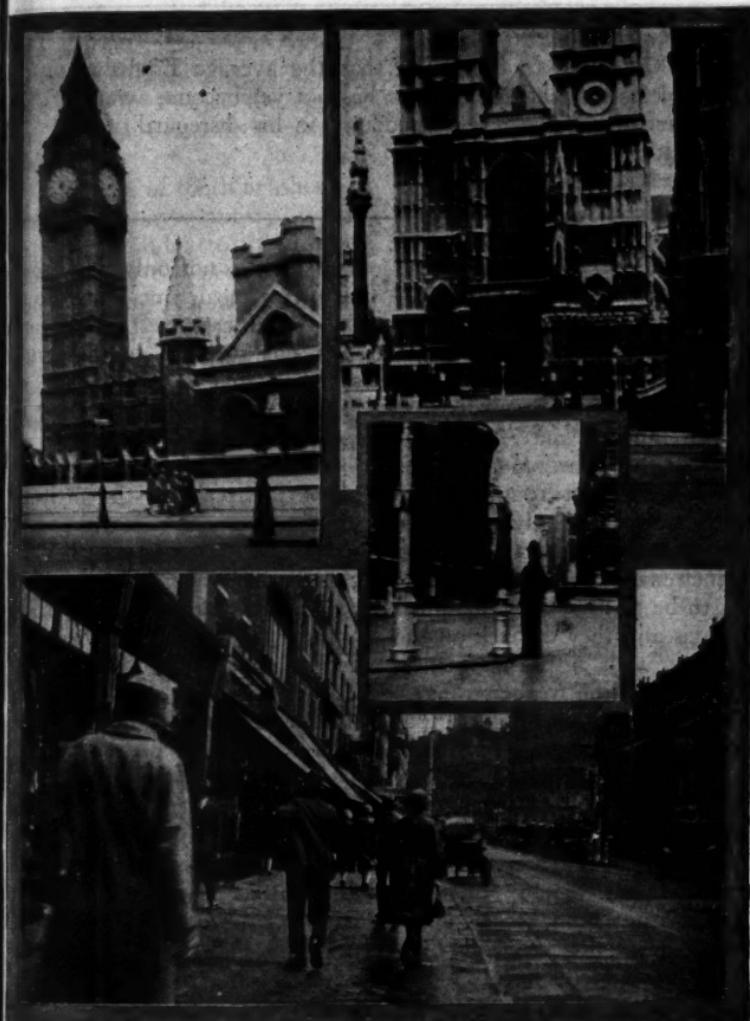
*This is the second and last installment of Dr. Frank Fitzpatrick's article. His observations on oral hygiene in Europe are especially interesting.*

**W**HAT," you say, "is the truth?" "Are we disliked because of the debt controversy? Are we overcharged? Is a knowledge of the language essential?" I have heard these questions answered affirmatively and negatively by people who have been in Paris recently and so I think the answer depends on the individual.

Personally I believe that Americans are disliked, but not so much because of the debts as, because of the attitude of Americans toward foreign customs, and their patronizing air, and in general because they are foreigners. An American at home as a rule dislikes foreigners and so he has no reason for complaint on that score when the shoe is on the other foot. I was not charged on any occasion more than the French themselves paid for similar purchases or services. Finally, one may go anywhere in Paris with no language but English, although some of the commoner

French phrases are of considerable assistance. Prices are very moderate and to an American, who benefits by the present rate of exchange, they are in many cases astonishingly low.

All this of course has nothing to do with the charm of Paris. That charm has itself been difficult to analyze and it has been the subject of considerable speculation. In an editorial on the subject recently the *New York Times* said in part: "France may not have completely solved the problem of government under a democracy—what nation has?—but her achievements in what may be called the science of society have been surpassing." Matthew Arnold said, "Nowhere else in the world is conversation so near a fine art as it is among the French. This goes perfectly with their social development. Here lies the true 'fraternity' of France. You like to fraternize with people who have so much worth fraternizing with. Add to all this social charm the fact that France is extraordinary in leaving the individual free to go his own way, without



(Upper left) *The House of Parliament building, London.*

(Upper right) *Westminster Abbey.*

(Lower) *A typical London street scene. Insert, a London Bobby. Step sprightly, sir!*

having to stop to consider the prejudices and social bans which overflow the Anglo-Saxons, and one comes somewhere near de-

fining the great human appeal which France has for many years made to foreigners."

Standing on the corner of the

"I incline to the belief that the average Englishman neglects his teeth because he has not yet become aware of their importance. He is mediæval in his disregard of oral health."

Boulevard des Capucines and the Avenue de l' Opera a foreigner would come to the conclusion that the French had no regard for life or limb: this cognition having been induced by watching the natives attempt to cross the street. Certainly it is a perilous venture and one to be entered upon only after due fasting and prayer. But the French are an intrepid people not to be terrorized by madmen in taxis and they embark on the journey with a blithesomeness that is appalling to the stranger. The remarkable thing is that they get across usually with only a few imprecations hurled at their tormentors who drive the cabs. Unquestionably this adds a spice to the Parisiennes' daily activities but to an American who has not been geared up to these continual feats of derring-do the game seems hardly worth the candle. Aside from these foolhardy expeditions the French are careful and moderate in all things.

The sanitary system of the city is good, the medical facilities are equally good and dentistry (at last I have come to it) is represented by many and capable practitioners. In Paris some attention is paid to the hu-

man mouth, not only what goes into it at meal time, but also to the machinery itself. Here one does not see the dental structures in that horrible state of neglect which is so noticeable in London.

Since I did not go to Paris primarily to study the attitude of French people toward dentistry, I cannot pretend that my observations were more than haphazard. But one is noticeably impressed by the difference between the teeth of the average French passer-by and those in a similar face in England. While I have no figures on the subject, I should say from casual observation that the number of dentists in Paris in each thousand of population is at least twice as great as in London. If that is true, then we have here a primary index to the regard which each nation places upon a healthy mouth.

In the lowest levels of society everywhere practically no attention is paid to oral hygiene; the diet being the only preventive of dental caries. This class can be dismissed from our calculations. Similarly the upper classes may be dismissed, for among them everywhere oral prophylaxis is almost universally prac-

ticed. It is the great body between these two, the middle class which concerns us and in this class in France the dentist has been able to effect splendid results.

The sales of tooth brushes per capita in any country would give a fair index to the importance which the people of that country place upon mouth hygiene. One is almost tempted to say that such statistics were they available would determine the degree of civilization existing in any given country. One can say that where the use of the tooth brush is not a general habit the dentist there is engaged in a hopeless struggle. In France, at least in Paris, the use of the tooth brush is a habit. I base this statement on the fact that the tooth brush is sold everywhere throughout the city at a reasonable price.

Dentifrices are numerous. Many American brands are sold and likewise many domestic ones. There exists then a demand for these things in Paris and that coupled with the fact that the number of dentists in the city is, if not ample, at least noticeable, warrants one in saying that the French-

man is likely tooth conscious.

Time presses and we must hurry on. However reluctant to give up the lazy, tolerant care-free life of Paris which we have absorbed to the limits of our temperamental capacities we are compelled by the inexorable graybeard with the scythe to pack our bags and be off again for pastures new. This time it is London; London the dignified, the elderly, the pompous. The city is personified in the "bobby." Calm, polite, efficient, aloof. A creature apparently without emotions. A mannequin in a helmet, a mamma doll that that walks and talks and answers questions without displaying any emotion whatever. That is the bobby and that is London.

Cities have personalities just as individuals do and our reaction to any personality whether it be a single individual or millions of individuals in a community depends on our temperamentments. Indeed that personality of cities or "atmosphere" as it is called changes with the seasons and even with the days of the week. Compare Saturday night in your city with say Tues-

#### ENGLAND OPENS DENTAL OFFICES

John Bull is hanging out his sign as dentist to 15,000,000 people.

The ministry of health has included dental treatment in the governmentally controlled national health insurance scheme, and has arranged for selected dentists to treat insured people at stated charges ranging from 60 cents for the extraction of one tooth to \$30 for a complete set of false teeth.

—United News.

day night and you recognize a vast difference in the spirit of the place. On Saturday it is alive, vibrant, expectant and unusually active. On Tuesday it is dull, drab, commonplace. On Saturday it seeks its pleasures feverishly; on Tuesday it does not even hope. But beyond these changes in community spirit with the days of the week, each city retains its basic "atmosphere." In London that "atmosphere" is quiet dignity. A city inclined to be sober, staid and ultra respectable; a city that may smile on occasion but never a grin and never, never a loud and hearty ha! ha!

Do not think that the people are unfriendly. The English certainly are not that. It is merely that it requires a longer time for the average citizen of London to "thaw out" than is the case here. I am aware that I am generalizing in these statements and I am further aware that generalizations are seldom completely true, but within limits they are sound and will be borne out by any American traveler. One needs only to understand then that Englishmen are as kindly and as hospitable as one could wish but that before they accept a friend the stranger must prove himself worthy of the friendship offered. In America we incline to accept the stranger as worthy of our friendship until or unless he prove himself otherwise. In England the opposite assumption rules in social intercourse and it is because of that primary

difference in social codes that England seems so austere to the American and the American so bold and self-assertive to the Englishman.

The best way to see London is from a bus top. Whether it be Fleet Street or the Strand, Whitehall or Birdcage Walk, old Bond Street or New Oxford Street, Piccadilly or Victoria Embankment, whatever you desire to see the bus top is still the preferred method of getting there. The panorama of London is spread out before one, the old jostling the new beside it and all calling for and receiving some part of one's attention. London grime has a remarkable effect upon its architecture. An air of antiquity is bestowed on any edifice in the course of a few years by its mere location in the city of soot. The facade of every building is altered by the soot of the city; painted with weird shadows by a brush dipped in a chimney pot.

One notices this lack of color in the architecture of the city. London does its feeble best to repair the lack by an addiction to flowers. The flower "girl" is an oasis of color here and there in the drab streets and her nose in many cases matches delightfully the roses she sells. But a scarlet proboscis is after all, though thoroughly delightful in itself, but feeble illumination in a sombre chromo. The color of life is all too uniform in London due to the wretched climate and so one wonders not that hundreds of thousands of Eng-

lishmen go to France for their "holiday" but that any remain behind. No wonder Kipling's soldier yearned for Mandalay and mourned that "The blasted English drizzle wakes the fever in my bones."

In addition to their climatic misfortune the English also put up with a financial one. Prices are terrifically high in London and yet wages are extremely low. Truly the English people are paying a high price for their victory in the War and yet they do it with the minimum of whining. I do not think any other people on earth would undergo the same privation which the English have placed upon themselves to say nothing of doing it good-naturedly. One marvels at the courage of a people ready to sacrifice (and doing it) every luxury, to tax themselves to the limit of endurance that England's credit and England's name retain its honored place among the nations of the earth.

Perhaps it is for this reason, perhaps for some other that the Englishman so sadly neglects his mouth. Whether it be from poverty or whether it be from carelessness the result is pathetic. I incline to the belief that the average Englishman neglects his teeth because he has not yet become aware of their importance. He is mediaeval in his disregard of oral health. One even comes to feel that some few actually

take pride in the grotesque appearance resulting from neglect of the oral machinery, just as a certain type takes pride in having a tatooed hide. One is at a loss to otherwise account for the macabre appearance of so many mouths in the poorer sections of London.

The outlook is not however entirely hopeless. Many of the middle class are devoting some attention to the teeth, and while there is a tendency to sacrifice too many teeth for the mechanical substitutes of the dentist, they are within the sphere of those capable of being influenced by the dentist. It would seem that the great task before the dentists of England is to widen that field of influence. It would be presumptuous of me to offer advice as to the method of accomplishing this, but that the need for such a campaign exists is all too evident to any stroller on the streets of London. Somehow the people of England must be made aware of the supreme importance of oral hygiene. The task is difficult but not impossible and its accomplishment will mark the greatest forward stride that dentistry has so far accomplished in England. In his battle against disease and ignorance the English dentist may be assured of the sympathy and support of his colleagues on this side of the Atlantic.

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Sympathy is what one girl offers another in exchange for details.



# The Technic of Oral Radiography\*

Reviewed by C. EDMUND KELLS, D.D.S.,  
New Orleans, La.



A LITTLE "six year old" returned from school one day and her mother asked, "How did you get along today, Dorothy dear? Teacher didn't keep you in?" (To be kept in during recess wasn't such an unusual event for little Dorothy). "Kept in? Why, didn't I take teacher some flowers this morning?" Sound reasoning for such a little tot, was it not?

So, with such a dedication, one must read this dedication to me in order to appreciate it, what would one naturally expect of this review—that is, if one followed along the same lines of reasoning as those of the little girl?

Under these conditions, let us look at the *facts*, real facts in the case, of which there are two outstanding.

The one is that I do not believe that this book will evoke any adverse criticism from anyone, and the other is that if I were such a crank as to find plenty to criticize, then, to be

perfectly frank, I'd not review it at all, and that's how I'd square myself with Dr. Simpson for this dedication.

## A Bit of History

"Once upon a time," as all good histories should begin, Dr. Ottolengui wrote me that he couldn't understand why one, Clarence Simpson by name, always sent him (as Editor) for reproduction in the *Items*, better films than anyone else did. And he told me that more than once!

This rather "rankled in my bosom," because while I never did pose as a "star" when it came to *producing films*, I could but wonder why it was that this Clarence person had all the real artists in that line held to first base, as it were.

Of course Dr. Ottolengui was in a good position to make comparisons, because as Editor he really did see films from all around, including those from men with the very best of reputations.

\*The C. V. Mosby Co., publishers.

Finally I could stand it no longer, and so one day I started for St. Louis to take a course at the School of Radiodontia (or words to that effect, because I had forgotten its regular name) run by Drs. Howard Raper and Clarence Simpson, and in due time I was enrolled as a full-fledged student.

Of course the first thing I saw was a lot of films, just the finest ever, and my eyes popped when I thought that I was going to learn to do likewise. All I had to do was to "get on" to his methods.

And then came the surprise of my life. As the day wore on, and off, and the next one wore on and off too, I learned that he didn't have any special methods after all! I certainly was disappointed at that discovery.

Other than the gas tube which he used, honest now, he didn't show me anything that was startling. He used the same kind of films, he exposed them just like everybody else (maybe). He used practically the same developer and fixer. He developed the films in a dark room ("just like me"). He washed them in water (so did I), and he dried them in the air, and I did that too. Absolutely nothing different!

One would naturally ask: "If you [that is I] did everything exactly like Dr. Simpson, then why the difference in the results?" And my reply is, "But I didn't say that I *did everything just the same* as Doctor Simpson. Indeed not. What I

said is that he followed the same routine that everybody does, but now I would add that he *did it all in a different manner—a manner all his own.*

My very first surprise was to see him place the film in the mouth. Assuming that it is an upper central to be rayed, the easiest thing in the world to do is to have the patient open his mouth wide, then for the operator to run the film up onto the roof of the mouth, place the patient's thumb up against it, and snap off the picture. Not much time needed for that! That the shadows of the teeth look like the devil upon the finished film, does not occur to the operator. He gets the end of the root, so why worry!

I believe that's the usual method and which I did employ. What about Simpson's method? He places the upper end of the film in the mouth with the tooth to be rayed *exactly in the center of the film*—neither a little to one side nor a little to the other; just in the middle. *And he sees that the long axis of the tooth is on a line with the edge of the film.* He does that.

Then with the film about half way up, he adapts it to the roof of the mouth; then he pushes it up a little further and adapts it again, and then he moves it still further up and brings it to its final position against the roof of the mouth. Places the patient's thumb in the proper place, the fingers straightened out and resting against the cheek

—just exactly right—and snaps off the picture.

Just imagine! All that time to adjust the film for an incisor! Then what about the picture? Does it look like the usual "run of the mine?" I should say not.

Just as a matter of interest, get some of your films of the upper incisors and compare them to his illustrations shown on page 73 in this book of his, and then you'll know what I'm talking about. Or if you prefer, write me and I'll send you some of my own films of this region for the comparison, because I don't get them all just right yet.

"Comparisons are odious," is a familiar quotation. Well, believe me, about the most odious comparison I know of, is comparing my films to Simpson's—but due to what I learned from him, honest now, my films are not as rotten as they used to be.

Turn to page 38 and study the set of 16 films shown thereon, and note how the occlusal and incisal edges of all of the teeth rayed *line up* with the straight edge of the film. Aren't they beauties?

Now as I take it, that is Simpson's trick. That everlasting detail business. But that is not all. Let us suppose that Simpson started in to take a full set of 16 pictures. Do you imagine that he would pose his patient, snap off the 16 films in his *usual leisurely* manner, and then send the patient off, the films to be developed later on? Yes? Well then you have an-

other guess coming to you, that's all.

He would expose and develop two films only. From the results obtained on those films, he would get a "line" on that individual patient, as to time and angles. Then any one of those 16 films that did not exactly meet the exactions of his critical eye would be discarded and made over, and made right.

And now friends, you know just exactly what I learned from the Raper and Simpson School of Radiodontia. I learned that Simpson was just a born radiodontist; he had no tricks to teach me in order to get me into his class. I didn't get into his class. I was grievously disappointed.

Do you imagine that the next time I sent Brother Ottolengui some films, that he remarked upon the fact that Simpson must have taken them? He certainly did not.

However, I felt well repaid for my trip, because if I did not learn to duplicate Clarence Simpson's work, I learned a lot of things after all, which helped at least to improve the character of my work. How to place a film in the mouth for instance. Then again, I learned that I should throw away about all the pictures I took, or if I didn't throw them away, to appreciate the fact that I should throw them away—and things like that.

Oh, I promise you he gave me a good "run for my money" and, guess what?—before my

school term was over, the cashier learned what a dumb-bell I was and that I hadn't learned to take films that Brother Ottolengui would recognize as Simpson's and how terribly disappointed I was about it, and all that, so as *I passed out the gate*, he just handed me back my check! Can you beat that! I think a cashier with nerve like that should get the usual "\$25.00 or 30 days"—that I do.

Now to return to Clarence's book. A number of books upon the subject of radiography have heretofore been published, by Raper, McCoy and Thoma—all of which are well worth reading, and their good points remembered, but of course no book upon this subject could possibly present the final word in radiodontic technic and close the field, "for keeps," against all other writers.

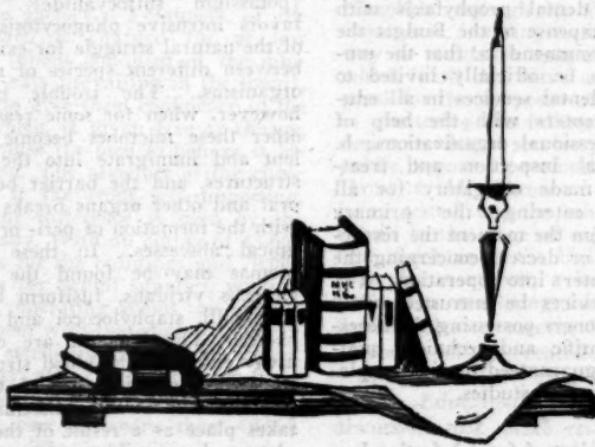
In the "Technic of Oral Radiography," Dr. Simpson, in his usual clear cut style, de-

scribes all his little details which insure better work. I'll venture to say that there is not a radiodontist going (Howard Riley, excepted) who can read this book—study this book—and not improve his methods, and if one wants to improve his methods that's where he'll learn how to do it.

The beauty about this work is its conciseness, and that, *concise* as it is, all the instructions are as "clear as a bell," and apparently nothing omitted.

I understand that the professor of radiography in one of our largest colleges contemplates the adoption of this as a text-book for his school, and to tell the truth, I can't see how the colleges as a whole, can do anything else than place it among the necessary text-books, because I would think that it is just exactly what the student needs.

"Follow Simpson"—as to methods and details—would be a safe cry.





# International Oral Hygiene



Translated and briefed by CHAS. W. BARTON

## FRANCE

At their last congress at Grenoble the French Society for the Advancement of Science has ratified in general assembly the following resolutions adopted by the odontological section:

In consideration of the capital importance of oral hygiene for the conservation and betterment of public health it is recommended that—  
(1) Parliament incorporate in all at present pending insurance acts the necessary regulations to insure dental prophylaxis; (2) dental inspection and treatment, having ceased to be the privilege of certain classes, be organized in all primary schools the same as they are now in secondary establishments; (3) to insure dental prophylaxis with the least expense to the Budget the Society recommend: a. that the municipalities be officially invited to organize dental services in all educational centers with the help of local professional organizations; b. that dental inspection and treatment be made obligatory for all children entering the primary schools from the moment the respective laws or decrees concerning the matter enter into operation; (4) dental services be entrusted solely to practitioners possessing the necessary scientific and technical qualifications guaranteed by the completion of special studies.

\* \* \*

The subject of focal infection has,

from its cradle in these United States, found but slow acknowledgment in France where Julien and Camille Tellier, Sabatier, and Ferre have insisted on its importance in the diagnosis and treatment of certain systematic disturbances. Now Dr. Angele Debourg, in her thesis published in Lyon, has done much to present the mechanism of the endocardites of dental origin in a concise manner to her French colleagues. The fact that the ever present bacterial flora of the oral cavity does not always cause repercussions in other organs of the body is traceable to the normal defensive capacity of a healthy mouth by means of its epithelium, of mastication, of the action of normal saliva (potassium sulfocyanide) which favors intensive phagocytosis, and of the natural struggle for existence between different species of microorganisms. The trouble begins, however, when for some reason or other these microbes become virulent and immigrate into the tooth structures, and the barrier between oral and other organs breaks down with the formation of peri- or parapical abscesses. In these granulomas may be found the streptococcus viridans, fusiform bacilli, colibacilli, staphylococci and spirochetes. The bacteria are carried away either by the blood stream or the lymph, or even through the digestive tract. The dissemination takes place as a result of the complete and reversible transmutability

of the members of the strepto-pneumococcus group, and of the elective affinity acquired by the microbes for certain tissues of the organism. A rather controversial subject is met by Dr. Debourg with a citation from Rousseau-Decelle that "therapeutic devitalization, if carried out aseptically, permits the retention of dead teeth without any danger." —*La Semaine Dentaire.*

Owing to the application of a large number of patients the administration of the Michelin factories in Clermont-Ferrand decided to organize a small dental clinic in order to find out what results could be obtained, and of what benefit such an institution would be to the workmen. At the end of six months the results were conclusive. The figures are given below and prove—more than any argument—how justified was the initiative of the Company.

The clinic was opened to patients at the end of April, 1924. At the end of October of the same year 954 tickets for treatment had been given out, and 530 cases already dealt with. The number of visits, gradually increasing, was as follows: May, 553; June, 510; July, 660; August, 721; September, 765; October, 761; total 3,970 in six months, making an average of 662 per month. The clinic also functions for the free treatment of school children connected with the schools of the factory. Treatment of the workmen is charged for at low rates (about one-third of the minimum rate prevailing in the town), so as to give them confidence in the job which, if given free of charge, will cause the men to believe it inefficient. The revenues of the clinic make it far from self-supporting, and the difference is paid by the Company. With an outlay of 65,000 Francs for the buildings and 70,000 Francs for dental supplies, waiting rooms, operating rooms, an extraction room with two chairs, an x-ray room, sterilizing room, linen room, lavatory, and a dressing room have been installed and are capable of taking care of more than 40,000 people. The institution is a com-

plete success.—*L'Odontologie, via Dental Record.*

ITALY  
Is there a correlation between conditions in the mouth and the hirsute ornaments which some men cultivate on their faces? To believe some ancient reports dug up by *La Cultura Stomatologica*, the fellow whom we refer to as a "beaver" has all the chances in the world to stay away for life from his dentists. G. H. Ottinger (1706) cites the case of an individual who was cured of violent toothache a few days after he had resolved to grow a beard. Matthei speaks of a monk who suffered from his teeth each time he shaved. Mercer Adam maintains that the beard keeps the oral cavity warm, together with the teeth and the salivary glands. Dechambre pretends that several persons of some thirty years of age who have never shaved have also never had a tooth extracted, while among the same number of beardless men he finds many jaws in a bad state.

Are then, we ask, the barbers and the dentists to go out of business together, for the common weal?

#### GREAT BRITAIN

The Dental Board of the United Kingdom, through its Propaganda Committee, is trying to find the best way in which the sum of £4,000—which is all they have at their disposal for the purpose—can be spent in countering the falling off of the desire for dental services among the public, reported previously in ORAL HYGIENE. All manner of means are being tested, but the whole matter is still in the stage of experimentation, much as in the United States.

In the meantime, a lot of practical steps are being taken in the British Isles to cure at least what cannot be fully prevented at present.

In ABERDEEN, at a meeting of Peebles Education Authority some discussion took place on the proposed systematic teaching of hy-

giene and the inauguration of toothbrush drill. Captain Thomson, of Kaines, said he was in entire agreement that the attention of school children should be drawn to the importance of proper care of the teeth, and it was ultimately decided to bring the matter to the notice of head-masters and head-mistresses of the Authority's schools. Dr. Hendry said they had been fortunate in their whole-time dentist; consents by parents were steadily rising. Dr. Rae was putting it mildly to ask for one whole-time dentist. It would be easy to be economical, but the work was one of the most valuable being done. The report was adopted by 24 votes to 12. A suggestion that the Committee consider again the part-time work in Peterhead was unanimously agreed to.

In CROYDON the Education Committee has decided to recommend to the Council the appointment of a whole-time dentist for the care of the teeth of elementary school children. His commencing salary will be £500 a year, rising by increments to £25 to £600.

NORTH RIDING, Yorkshire, has appointed two whole-time dentists, who have already taken up duty. The scheme during the first year provides for the inspection and treatment of the younger children—those up to seven years of age (estimated at 8,000)—succeeding years will deal with those up to six (estimated at 4,000), in addition the children inspected and treated the previous year will again come under review—thus each child dealt with will be supervised throughout his school career. A scheme arranged in such a way that the treatment would be available for the whole of the school population would mean the appointment of several more dentists. Under the present scheme the treatment is limited to the earlier groups of children, and by such limitation it is hoped that dental disease will be prevented, and, further, by a continued supervision the children will

leave school with a sound denture, at any rate with teeth free from active disease. The scheme approved by the Education Committee is one of progressive development—each year 4,000 new children will come under inspection and treatment, in course of time the numbers will have increased so much that additional dental staff will be needed.

In CARLISLE it has been suggested to replace the part-time dentist holding two sessions a week at present, by a full-time dentist, with an estimated cost of £305 per annum.

The report on the dental scheme for expectant and nursing mothers in GLOUCESTER shows that this work is growing in popularity, and that prejudice is disappearing. Treatment consists mostly in extractions, but the "Ivory Cross" sometimes helps to provide artificial dentures. Curiously, and contrary to the experience of other centers, Mr. L. Machin reports that the dental scheme has received a very decided check in the schools from the system of charges instituted towards the end of the year. The majority of parents refuse treatment rather than pay.

It is expected that in 1926 there will be 130,000 school children requiring treatment in the LONDON area. The new proposals estimate for more than 5,000 cases this year. There are now established in the London County Council area seventy treatment centers. Children are first examined by the dental officer at their school, and afterwards, if they need it, attend for treatment during school hours at the nearest center. Emergency cases are dealt with at once, with the sanction of the parents, but so overcrowded have the clinics become that the children have sometimes to be kept waiting six or eight weeks before receiving treatment, and there is still far too great a proportion of children whose teeth remain neglected.



## Facts and Fancies Down in Dixie

A new department Edited by EDDIE KELLS

### Fees and Things

ONE day, way back about November, 1879, my father said to me: because you must know that my father not only was a dentist, but was one of the best of his time, "Eddie, if you ever agree to do a piece of work for \$5.00, do it right if it costs you \$100.00." That was in 1879, and during all the time between that day and this, I have consistently tried to follow his instructions.

One day in January, 1923, a mighty pretty college girl came to me saying that some girl companion had told her that I could bleach her front tooth.

She was, as I said, a mighty pretty little girl, and she had a beautiful set of teeth, all but one upper central, which was as "brown as a berry," and I mean a *real brown berry* at that.

What had happened to this one tooth she didn't know, and I couldn't imagine. She told me that her people were sugar planters, which, considering the terrible luck our planters have

had for the past few years, meant that they were broke, and asked me what I would charge to bleach her tooth.

Upon being told the fee, she appeared distressed, but went off saying that she'd come back again to see me.

In due time she did return and said that her mother had written her that it was impossible for them to pay this fee, and she asked me would I do the work for less.

To bleach a badly discolored tooth for a very pretty girl is, of course, doing something really worth while, or rather should I say, from my point of view it is, so to cut a long story short, I agreed to do this for a fraction of my usual fee.

The work was undertaken, the usual methods being employed. At the end of the fourth sitting the tooth was restored to its original color, and the little girl expressed most feelingly her appreciation of my work.

I felt that in following my father's early advice, I had done

a good deed, and so slept soundly that night.

About two weeks later she came in, and I was horrified to see her tooth back again almost "as brown as a berry." That was a surprise, because never, in all of my experience, had I seen anything like that—that is, for a tooth to discolor again within two weeks.

So I started in again, and in six sittings once more the desired color was restored, and again the little girl expressed her joy and off she went.

Three months later in she came again, and, would you believe it, the tooth was just as bad in color as it was on the very first day that I had seen it. That certainly was discouraging. She asked me would I bleach it again, and thinking of the hours already spent upon it, I said, "What's the use? It won't stay bleached."

But she was a persistent little cuss-tomer, and just would not take no for an answer, and she begged so hard for me to try once more, that I finally consented.

So once more I pitched in, and in four sittings we were both rejoiced to see the tooth satisfactory once more.

Several months went by without return of my little patient, so I began to feel easier over her tooth when, six months later, in she came again, tooth just where we began all these long months ago.

Well, I saw I was in for it for the rest of my life, so with

much demurring on my part, which I had learned was useless, I repeated this endless bleaching process, and in four more sittings—that is, about four more hours of work—once more the tooth was back to "normalacy," and I just made up my mind that if that tooth didn't stay bleached that I was through with it. Can you blame me?

Well that was my idea, but it was not the little girl's by any means, because she returned about six months later, tooth as bad as ever, and asked that I bleach it again.

So this time I was firm in my refusal. I explained to her that I had tried all known means and had spent endless time on it and it all proved useless; that this tooth had the "habit" of going wrong and that I just couldn't spend any more time on it. That was final.

And then she pleaded for just one more time, and said a few complimentary things, so, to cut a long story short, with her winning little ways, she just "put it over"—that's all.

I must say that I didn't enjoy this work any longer; I certainly was tired of it. But having promised to make another effort, I decided to make the best of it.

So I started in from the beginning once more, removed all the root-canal filling, refilled it, bleached again "to beat the band," using the Prinz method, incandescent lamp and all as before and spent six sittings of about an hour each, before the

tooth got back to normal, which it finally did.

Finally, as I said, after the sixth sitting, the tooth was back again, "perfectly beautiful," as she expressed it, but I had no hope for its remaining so—I thought the case hopeless. This time I was agreeably disappointed, because I have followed her up, seeing her every few months, and here, eleven months since the work was done, the tooth is still all right. Let us hope she has broken herself of this bleaching habit.

For these (about) twenty-two hours of work I received just a fraction of the value of that time, but I had followed my father's injunction: "Do it right if it costs you a hundred," and the satisfaction of getting a result made up for the loss.

If I succeeded in bleaching the tooth after five different attempts, the first four of which were failures, anybody would say that the reason I failed all those times was because I didn't do it right, but to tell the truth, I believe I did. However, I evidently missed a trick somewhere.

Now here's something worse than that.

A young girl was sent me, who had an upper central as blue as indigo, chemical discoloration caused by a root-canal filling material.

Coming: "Have I Hit My Pace?"

The patient came eleven times and at each time she was in the chair from thirty to sixty minutes. At the end of this time, I "threw up the sponge." The tooth had not been bleached even a little bit. I realized that that chemical stain was there for keeps. I was disgusted and so was the little girl, and her whole family, too.

Then the father said, "What is the amount of your bill?"

"Bill? Bill for what?"

"Why for all this time you spent on Polly's tooth."

"Oh, you mean what is my charge for *not bleaching* the tooth? Well, Mr. Black, there is no charge. I did not benefit your daughter at all, consequently there is no charge."

"But that is not right. I insist upon paying you for all your time spent upon this work. You did your best, and you are entitled to being paid for it."

"Mr. Black, I have been practicing for forty-five years, and never once, during all of that time, have I *knowingly* accepted a fee for any work that was not satisfactory. Now, would you ask me to break a rule that has been consistently followed for all these years?"

You see I refused to "take a profit," to use a Wall Street expression. I preferred "good will" of my patient, that was all.



## Dr. Rhein Replies to Dr. Kells

IT is with regret that I feel obliged to reply to Dr. Kells' skit in this month's journal,\* which has been enjoyed by no one more than by myself.

I join most heartily and sincerely with a united profession in showing our love and sympathy, and in admiring his bravery at this time.

Only because of my loyalty to professional ideals and for the benefit of our young men do I dare to reply.

Dr. Kells and I sometimes write to each other, and he knows that I love him. So "Eddie dear" whatever you say, do not again say that I am "picking on you."

You have my consent to ride over me to your heart's content, but let our motto be the education of the young graduate.

My hope is that 50 years from now there will be no doctors of medicine, of surgery or of dentistry, but that we will all be *Doctors of Health*.

When we once realize the divine nature of our calling: that to handle the human body

is the most sacred thing on earth, then the true era of prevention will have set in.

It is presumptuous on my part to teach what all our best teachers have been enunciating for years, but under the circumstances it is necessary to impress it on the young dentist.

The most important part of our calling is to see that the mouths of our patients are healthy.

The art of dentistry can be taught early and quickly as it has been in the past, to any good mechanic. The misapplication of this art is very common.

Far more important is the science of dentistry, embracing as it does a knowledge of the body in health and disease. In order to know physiology and pathology of the mouth we must understand physiology and pathology of the entire body. We must know all about blood, and to do this we must understand nutrition.

The dentist knowing of the pregnancy of his patient and neglecting to instruct her on the subject of diet and mouth hygiene is responsible not only for the bad teeth of her children but

\*December 1926 ORAL HYGIENE, page 2269.

for general disease in many forms.

In my second year in practice, when patients were scarce in my office, I found my orders in relation to diet blocked by an attending physician, for the avowed purpose of restraining bony development. I informed the husband that his wife could not remain my patient if she declined to follow my dietary prescriptions. Her physician's argument that she would have difficult parturition appealed to her, and much as I needed patients, I refused to serve her thereafter. I refused to be what the law calls a *particeps criminis*.

This never has been an idle gesture on my part, and now dietary instruction to pregnant women and growing children is assuming its proper place in the average dental office. It is a sermon which the oral hygiene lecturer of today preaches to the field nurses so that they can carry it into the homes of the pregnant women of the poorer classes.

In discussing this phase of the subject we are not considering syphilites. Where men and women are both tainted and uncured, the women very rarely succeed in carrying a child to full term. If the disease has been cured the nutritional factor remains unchanged.

I regret it is necessary to say that tuberculosis in the husband can have no possible effect on the teeth of the child, if nutrition is properly sustained. Too little attention has been paid to

a most valuable research if we are to think that the character of the husband can interfere with proper pre-natal nutrition.

The intense value of sustaining nutrition as a feature of preventive dentistry does not cease with the birth of the child. From the first day of life during the entire developmental period, the character of the diet and method of mastication has a profound effect on the character of the teeth which are still in a formative condition.

I write these lines at the close of 47 years of practice in the hope of inspiring the dentist of the future with a true knowledge of the spiritual side of dentistry and that real dentistry stands for something more than dollars and cents.

Without a proper concept of oral hygiene in its broadest aspect preventive dentistry can lead but a precarious existence.

Brother Kells in this same number calls me to account for unwarranted claims to the word "prophylactic."

When I first used the word in 1882, I compounded the word myself from the Greek "pro" and "philaxo."

It is not the first time that someone had originally done a thing that had been done hundreds of years before. Shortly after this I discovered in looking over Dunglinson's Medical Dictionary of that period, the word "prophylaxis" with the definition "an obsolete term in medicine." I did not then know

it had been used in France in the sixteenth century.

Although I have always been a student of dental literature, I never thought it worth while to go back and read anything from the pen of Dr. Arthur, and only during the past year did I learn that he used the word "prophylactic" to spread his awful doctrine of approximal filing of teeth.

Had Arthur used the term "prophylactic" in connection with some meritorious method, it would have been reborn. His use of it to describe a form of

treatment that is today unanimously condemned, sentenced the word to oblivion. There it rested until I unwittingly resurrected it, and attached it to the chariot aimed at the star of good health. Under this benign influence the word has grown and thrived beyond all measure.

Long ago I resigned all claims to originality, but nevertheless am proud to be the resurrectionist.

"It is better to restore a word of infinite value than to be the originator of evil."

### Thanks, Dr. McKenna

*Editor ORAL HYGIENE:*

I am a constant reader and would not relish the idea of missing a single issue. Wishing you the best of success, I am,

Sincerely yours,

WILLIAM L. MCKENNA, D.D.S.

Chicago, Ill.

### Florida Resolutions

ORAL HYGIENE, in printing a final report of the ORAL HYGIENE Florida Fund last month, thought the affair had become ancient history. The following, however, has just been received:

The East Coast District Dental Society on Thursday, November 18th, 1926, at its regular meeting held at Fort Lauderdale, Fla., acknowledges with thanks the money raised by ORAL HYGIENE and component societies and placed at our disposal for the relief of dentists who suffered in the recent storm, and the following resolutions were passed:

Resolved that we, the members of this society, deeply appreciate and hereby acknowledge our thanks by a rising vote for the financial assistance and sympathy extended us, and while all were not demolished, all were damaged more or less and this money will be used to help our more unfortunate brothers, and be it further

Resolved that these resolutions be placed on the minute book and a copy be sent ORAL HYGIENE, Florida Dental Society, Central, West Coast, and North East District Societies who also contributed to this fund.

M. W. SKAGGS,  
THOS. W. JONES,  
H. W. Cook.

East Coast District Dental Society,  
Miami, Fla.

# Editorials

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.

## Shifting the Burden

A NUMBER of city and state dental societies are now considering the eventual abandonment of the practice of having their members give a certain amount of their time for treatments in the public school free dental hygiene work.

Dr. W. A. Loope of Cleveland says, "The practice of having dentists give up valuable time and office hours free for the schools is growing and we see in the future the necessity for carrying on the work more systematically and by employment of professional dental hygienists."

This is a very good idea, and now that the benefit of the hygiene work has been definitely proven, the burden of the expense should be upon the community rather than upon the dentist.

During the years when it was necessary to prove that clean mouths were desirable, it was quite the thing to have a large amount of valuable time donated by the dentist.

The growth of this work was the real cause of the introduction of the dental hy-

gienist and now that she has been provided, it would only seem fair that the dentist should continue his own practice and be expected simply to give suggestions and supervision, allowing the actual work to be done by the hygienist, who should be paid just the same as the school nurse is paid to look after the medical cases.

In the early days of medical hygiene, the physicians went through the same experience that the dentists are going through now and they finally found equalization through having a school nurse appointed to take over the details so that the physicians could attend to their practices.

The relationship of the dental hygienist to the dentist is very similar to the relationship of the nurse to the physician.

### Toothbrushes for Clinics

AT a dental meeting I was discussing the need of a lower priced toothbrush for dental clinics with Mr. H. W. Baxter of the Prophylactic Brush Co.

Mr. Baxter said that it might be possible for their company and other similar companies to help out on clinics to a very considerable extent.

In the manufacture of Prophylactic brushes, for instance, there is a very careful inspection of every brush before it can be sold. These brushes are inspected not only for the position and shape of the bristles but

for even the slightest defects in the handles. Thousands of brushes are taken out of stock for defects that would in no way prevent their successful use as toothbrushes.

This dissertation on the Prophylactic brush is not in any sense of the word an advertisement for the Prophylactic brush. The inspection would hold good for any kind of a brush, but the fact remains that there are great numbers of brushes that are unsaleable. The raw material is made up so that they cannot be torn apart and remade, and clinics throughout the country needing good toothbrushes at a great discount may secure these brushes from their favorite toothbrush manufacturer by showing evidence that they are entitled to buy these brushes for gratuitous distribution in their clinics.

Naturally no company would desire to have their discarded brushes purchased and remarketed at a discount so, in case brushes are desired, it would be well to send an official letter from the society in charge of the clinic and get quotations on seconds that are on hand.

### Notched Incisors

OLD Sir Johnathan Hutchinson jumped at the conclusion that notches in the upper central incisors indicated hereditary syphilis. Since his announcement some fifty or sixty years ago, every amateur diagnostician has industriously spread the name

of Hutchinson and has cast unmerited odium upon countless unfortunates whose only crime was notched front teeth. The curse of Hutchinson is not alone upon the possessor of the notched teeth but is generally spread over the ancestry of the individual.

As a matter of fact, Hutchinson's statement was wrong. There are numerous reasons for notched incisors. Dental schools should rule out the expression "Hutchinson's teeth." If your patient is suspected of having hereditary syphilis, have a Wasserman test made. It is safer as well as a more reasonable and honorable procedure.

It is bad enough to have notches in your teeth without having suspicion cast upon your whole family. You know that if syphilis is inherited, some or all of your ancestors must have been infected.

If one child in the family inherits the disease, all of the children are likely to have inherited it. One of these days some smart Aleck is going to make an offhand diagnosis of inherited syphilis because some kid has notches in his teeth and a damage suit will result.

Just bear in mind the fact that old Johnathan wrote a whole library full of observations on surgery and pathology but he gained all of his present-day prominence on what he had to say about teeth—which isn't so, after all.

## LAFFOONIA Ambition

THE January issue of the American Magazine contains one of the old sob squad stories about a policeman in Central Park who has been on the job for fifty years with no ambition to be other than a private on the police force.

This pacific state of mind is lauded to the skies as an example of contentment. It is fortunate for America that this type of easy satisfaction is mostly confined to cows.

It seems that this contented cop was once urged to study dentistry and when he had an exciting job guarding sick prisoners in a hospital he happened to be ordered to watch a dentist who had committed a murder.

The burden of the philosophic deduction from this circumstance was that if the policeman had studied dentistry and the dentist had studied policemanny the situation would have been reversed indicating that in the opinion of the author and incidentally the editor of the American Magazine the study of dentistry may lead toward crime.

Isn't it surprising what rot the average "popular" magazine can get by with?



# LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

HE: I wouldn't wire home for money. Why don't you write?

DENTAL STUDENT: You can't send a letter collect.

There's a lot of flappers flapping 'round  
Whose brains are in arrears.  
If they hit on two, they're going great,  
But the chassis! Oh my dears!

"Will you marry me?" asked the young man.

"Certainly not!" replied the damsel.

And they both lived happily ever after.

A spinster was shocked at the language used by two men repairing wires close to her home. So she wrote to the telephone company and the foreman was asked to report.

This he did in the following way:

"Me and Bill Fairweather were on this job. I was up the telegraph pole and accidentally let the hot lead fall on Bill. It went down his neck. Then Bill said, 'You really must be more careful, Harry.'

TEACHER: "Willie, what was it Sir Walter Raleigh said when he placed his cloak on the muddy road for the beautiful queen to walk over?"

"Step on it, kid!"

CLERK—A gift for your daughter? How about this dainty garter purse?

JONES—No, I don't think it would be wise for her to carry her money in plain sight.

An Aberdonian and his daughter took up golf. At the close of a game the father was laid a dead stymie, while the daughter had one to play to win the match. Turning around to her, he said, "Jeannie, isn't the morn yer birthday?"

"Yes, father."

"Ah, well," he said, "I'll gie ye that hole for a present."

There was a young bride in Spain  
Who was fiercely loved in a train.

Not once, but again  
And again and again  
And again and again and again.

FATHER (over the phone)—Mabel is not at home. Can I take any message?

YOUNG MALE VOICE (nervously)  
—Er—yes. Just say—er—Toodle-oo—sweetums—from Cyril.

SHE—I won't even consider marrying you. You are the most stupid, idiotic, asinine creature on earth. You are repulsive abhorrent, and miserable. I wouldn't marry you if you were the last man on earth. I hate you; you are despicable.

HE—Do I understand that you are rejecting my proposal?



# Practical Philanthropy

By P. A. THOMAS, D.D.S., Defiance, Ohio

OCCASIONALY we hear of a member of the dental profession whose philanthropy is expressed by fitting up a dental clinic in his community where it can serve the greatest possible number of people.

Dr. C. J. Emory, who recently retired from active dental practice, has completely equipped and paid for the dental equipment shown in the accompanying illustration and presented it to Central School of Defiance, Ohio.

The children were evidently uppermost in his mind when he made this gift.

One of the best opportunities for aiding and encouraging mouth hygiene among children is made possible by fitting up a dental clinic such as this one.

Regular periodical examination of the children's teeth is possible and with any indications that dental attention is required it can be done at once, before serious conditions arise.

The proper use of tooth-brushes and dentifrices can thus be taught the children. Tooth-brush drills can be demonstrated.

Mouth hygiene in its broadest sense can be made to wield a tremendous influence among the children when their needs are being cared for at a properly equipped clinic.

At present Dr. Emory is lending his aid to the development of a system of dental care in the public schools of Defiance.

This community can well feel proud of this splendid and useful gift.



# ORAL HYGIENE

By FRANK P. SIBLEY



**D**R. WALTER G. KENDALL, the sportsman dentist of Park Square, Boston, passed his 72nd birthday last summer. Since that birthday in July the stream of honors has hardly ceased flowing upon him for even a week. Horticultural societies, dog-fancying associations and hosts of admirers have tried to express their sense of the man's qualities.

Each honor came for a special reason; added together, they have signified that here is a philosopher who has lived his own sunny philosophy; further-

more, he has proved its worth by remaining at 72 a dentist in active practice, a gardener who takes prizes away from professionals, a dog breeder who can paper his rooms with ribbons if he chooses, an official at athletic meets, an art critic whose taste in buying paintings has been justified by the large prices offered for the pictures he has bought, and a man who can still enjoy the good things of life—and can get them. The marvel to his friends is how, among all his activities, he can still find

time to play golf; yet he is one of the most assiduous golfers on the Wollaston course.

Dr. Kendall was born of Mayflower ancestry, near where he now lives, at Atlantic, Mass., was graduated with highest honors from Boston Dental College class of 1881, soon after was made a fellow of the college and served it as instructor of operative dentistry for several years. As a boy he participated in every sport, and as a man he realized, and practiced the theory that to be a whole man one must keep his bodily activities balanced;

# THE Old-Timers Series

SIBLE Boston Globe Staff

Dr. Walter G. Kendall is known the country over as a leading dog fancier and breeder; many people believe that he originated the Boston terrier cross.

that professional success was good, but after all only half of the story.

Many men have realized this, but have failed to keep the balance. Doctor Kendall is perhaps most remarkable for the keenness of his interests, and this very keenness has made his philosophy a success. Dentistry is good, but what pleasure there is to be had in a garden! Gardening is fine, for besides what it brings to the table there is always competition for prizes—and Doctor Kendall loves nothing better than competition.

Gardening is a great pleasure, but what's a garden without a dog in it? Not a "trade dog," a hunter's dog trained to serious business; not a collie, whose trade is herding; a good, compact, friendly companion, able to take his own part in a fight—in short, a bull dog or a Boston terrier.

Boston terriers they were, and and are. Dr. Kendall is known the country over as a leading fancier and breeder; many people believe that he originated the Boston terrier cross. More late-

ly he has gone in for French bull dogs, and has bred dogs that went through the competitions to championships like a knife through butter.

In the 80s, when bicycling came into fashion, Dr. Kendall was one of the first to ride the old "high-wheel" bicycle. He became captain of the Boston Bicycle Club—and he is still its captain. In a little pagoda on his estate he has some twenty specimens of the old-fashioned high wheel machines, and in the house he still has—and rides—the safety which supplanted the old machines.

Of slight build, he has nevertheless managed to know a lot about boxing, and for years was a judge of boxing contests and swimming races. In athletics as in everything else he has ever gone into, Dr. Kendall reached a place of honor, as a member of the governing committee of the N.E.A.U.

In his gardening, he has used only a small space on the edge of the high ground, just across the river from Boston. His fence literally overhangs the bank that

breaks down into the salt marsh.

Here he raises an astonishing amount of fruit, for he has specialized in hardy fruits that will do well in New England climate. Gooseberries as large as plums; pears that match anything in the shows; these are some of his specialties, but grapes made up his great exhibit this year at the Horticultural Society Show, where it won the President's cup for the best exhibit in the show. That was not the greatest honor, however; Dr. Kendall received the almost unprecedented honor of the bestowal of the society's medal "for his devotion to the cultivation of hardy fruits"—a medal never before given to a fruit raiser. It has always gone to the floriculturists.

It is too much to say that everybody in Boston knows Dr. Kendall; but everybody who has the slightest interest in the sports knows him. His hospitality is famous; his many kindnesses and charities alone are secret. Perhaps the best testimony to Dr. Kendall's worth is the fact that among newspaper men in Boston—the hardest boiled lot of men to be found—he is universally respected and loved.

Having a nimble wit and fertile imagination he is in great demand as an after dinner speaker, his responses invariably being in rhyme, of which we append an example, his toast to the ladies, at the semi-annual banquet of the New England Dental Golf Association which he, with Messrs Keltie, Firfy,

Bradford, and Ainsworth and a few others, was instrumental in founding.

### THE LADIES

Should you ask me, why this story?  
Why this Hiawathian story?  
With its jingles and its jangles,  
With its twistings and its tangles,  
Wits its theme of golfing ladies,  
With its rattles and its rustles,  
With its scent of skirts and bustles.  
I should answer, I should tell you,  
Came there once a cordial missive,  
Writ with ink on cream white paper,  
Duly sealed, and stamped, and  
posted,

Penned by Aleck, tribe of Kelties.  
Great Big Chief, would be golfer,  
Came this missive to my wigwam,  
Came to cheer me, and to comfort,  
And it charged me, and it bade me,  
Bade me come on Monday, seventh,  
Bade me come to break the bread  
loaf,

Bade me come and smoke the peace  
pipe,

Bade me come to bend the elbow,  
Where the fire water rageth,  
Where the genial horn of whiskey  
Maketh glad the heart of golfers.  
More it said, and much I marvelled,  
For it bore upon its bosom,  
Other words of stranger import  
Words that made the heart of  
"Squanto"

Flutter, tremble, stop its beating,  
Shudder, shrink, succumb and stagger,

At the strange and dreadful meaning.

As the wasp, who bent on business,  
Gets his work in from behind,  
So this missive had its stinger,  
In its tail the sting we find,  
And in this way ran the missive,  
Missive sent by Chieftain Aleck,  
Chieftain Aleck, tribe of Kelties  
"When the tribe has ceased from  
eating,

When the drums are no more beating,

When the smoke is thick and hazy,  
When grub-laden, feeling lazy,  
Lined with wine, and rum galore,  
You, in answer to my calling,  
Find your feet upon the floor.  
Speak a kindly word, I pray you,

Kind  
Word  
Word  
Always  
Say a  
Say a  
Call  
ch  
Cheek  
Lips w  
Quaff  
So it r  
Penned  
To my  
On the  
And i  
Then i  
Burned

OR  
will be  
lication  
N. S.,

Kindly word in graceful language,  
Word of praise, and word of taffy,  
Word of love, whose joyful aid is  
Always conjured for the ladies.  
Say a word for golfing maidens,  
Say a word for our fair sisters.  
Call them winsome, call them  
charming.

Cheeks of roses, lips like rubies,  
Lips whose nectar we would quaff of  
Quaff and rest forever more." "So it read, this cream white missive,  
Penned and sent by Chieftain Aleck,  
To my wigwam in old Squantum  
On the banks of fair Neponset.  
And it ended—"Burn this letter,"  
Then forthwith I burned the missive  
Burned it till it fell in ashes,

Burned it then to keep my wigwam.  
And tonight I stand before you,  
Stand responsive to the calling,  
Stand to talk of golfing maidens,  
Stand to talk of golfing ladies.  
Need I sing to you their praises?  
Need I bid you love and cherish?  
Need I, golfers? No? I thought  
not!

You have been there and you know.  
Drink we then to lovely woman,  
Pledge her in the choicest wine,  
May her grace and may her beauty,  
Evermore our hearts entwine,  
May she ever in her pathway,  
Find no thorns, but only flowers,  
May the rainbow e'er encircle,  
What may be her stormy hours.



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## Ethics in England

FORTY-FOUR Hallam Street is the headquarters of the General Medical Council of England. This body of serious minded men is composed of forty members, mostly doctors or professors nominated by universities and other bodies giving degrees, says a London paper.

Sir Donald McAllister is President of the General Medical Council.

It is a court of medical ethics before which the practitioner may be summoned and if the circumstances warrant his license to practice may be revoked permanently or for any period of time that may seem fit.

Advertising among British doctors is absolutely taboo. A doctor is not permitted to give interviews or write articles for newspapers whereby his name becomes known.

At a recent meeting of the British Medical Association one doctor wished to stop the practice of the royal doctors signing bulletins, saying that it was advertising of a type which would lead lesser men to be charged with infamous conduct.

It has been a tradition with British medical men for years, that a man's standing should de-

pend upon his work alone. A good cure needs no advertising other than its own achievement, or what may be given by articles in medical journals and lectures before medical societies.

The clearest possible warning has been given to doctors against advertising; any one who breaks the rule does it with his eyes open.

The penalty is not always that the doctor's name is erased from the register. Sometimes he gets a severe admonition. Sometimes judgment is held up for twelve months, and then, if his conduct has been satisfactory, no punishment is given.

Sometimes a doctor's name is restored after it has been erased.

Although many of the men who come before the council are doctors whose income would probably not exceed one thousand five hundred pounds a year, it has equal power over the world renowned specialists.

Incomes of ten thousand pounds a year are now not uncommon in the West End. Many of the most fashionable specialists vary their fees according to what they consider the ability of their patients to pay, and when they are firmly estab-

lished among the wealthiest classes enormous fees are asked and obtained.

Few of them are likely ever to be charged with "infamous conduct" even in indirect adver-

tising, but it must sometimes make them a little uneasy to realize how quickly and easily they can be summoned to Hallam Street and have their income snuffed out.

## His Hobby Is Collecting Old Coins

Most men have a hobby of one kind or another. Dr. L. D. Jones of Ironton, Ohio, collects old and rare coins as his hobby.

His collection at the present time is probably the largest collection of old and rare United States coins in Ironton today, reaching that distinction after years of search and endeavor. He has worked with his hobby so long that he is considered an authority on this subject. There are several pieces in his collection which bear a bonus and are of great value.

In speaking of his collection Dr. Jones says: "Anything pertaining to old coins interests me. I have the following named gold coins—25c, 50c, \$1.00, \$2.50, \$3.00, \$4.00, \$5.00, \$10.00, \$20.00, \$50.00. Two four-dollar gold pieces cost me \$250 and a fifty-dollar piece cost me \$150 and is worth \$175 or more by now. I have about 25 three-dollar coins which cost me from \$7 to \$8 each. The three-dollar piece of 1875 is now worth \$2,000. I could have bought one of these coins six years ago for \$90. The five-dollar piece of 1822 is worth \$7,000. The silver dollar of 1804 is worth three thousand to six thousand dollars, there being only six known to be in existence. I have a Pine Tree shilling dated 1652; the two-cent pieces of 1793 have sold as high as \$525 each. Eighteen different designs were made the first year of U. S. coinage."

One can readily see that Dr. Jones is enthusiastic about his hobby, sparing neither time or expense to acquire rare and interesting coins.





## Old-Fashioned BILL

By H. J. STEHL, D.D.S.,  
Corona, N. Y.

OLD-FASHIONED Bill came down from a hill,  
To teach humanity's lesson,  
As strong as a bear,  
With long wavy hair,  
He certainly had everyone guessin'.

"How do you folks expect to be strong?  
Your manner of living is wrong; very wrong.  
Good health, you never will know.  
You ride down to work,  
You ride home again.  
You sit 'round the fire,  
'Till the clock strikes ten.  
You drink and you smoke,  
And you eat, 'til you choke!  
And you don't give your muscles a show.

"You work at a desk,  
And hold down a chair,  
You close up the windows and keep out the air,  
You ride in an underground tube!  
You push, and you squeeze,  
You cough, and you sneeze,  
Make the money! That's all that you care.

"You constantly talk about work, and your wealth!  
You think 'bout everything else but your health,  
You're dying by inches each day.  
At forty, your fire and snap are all spent,  
You're rich, but you feel like a weary old gent!  
You are old, discontented and gray.

"Would it not far better be,  
To live while you may,  
To take a day off, and to smile while you play,  
And to keep yourself physically fit?  
You may not amass a big fortune, that's true,  
But the sun will keep shining,  
You'll never be blue,  
And you'll sing, while you're doing your bit."